

FILED DEC 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43238**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3029**

## 1. PLACE OF DEATH

a. COUNTY **St. Louis**b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
**St. Anns Village**c. LENGTH OF  
STAY (in this place)  
**1 Year**d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
**3582 St. Joachim Lane**

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Mo. St. Louis**c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
**St. Anns Village**d. STREET  
ADDRESS  
**3582 St. Joachim Lane**3. NAME OF  
DECEASED  
(Type or Print)

a. (First)

**Frank**

b. (Middle)

**Albert**

c. (Last)

**Thurman**

4. DATE

OF

DEATH

**12****14****50**

(Month) (Day) (Year)

## 5. SEX

**Male****0**

## 6. COLOR OR RACE

**White**7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)**Widowed****2**

## 8. DATE OF BIRTH

**Sept 7, 1882**9. AGE (In years  
last birthday)**68**

10 UNDER 1 YEAR

Months

Days

Hours

Min.

11 BIRTHPLACE (State or foreign country)

**Peach Orchard Arkansas**12. CITIZEN OF WHAT  
COUNTRY?**U.S.A.**

## 13a. FATHER'S NAME

**Joseph Thurman**

## 13b. MOTHER'S MAIDEN NAME

**Unknown**

## 14. NAME OF HUSBAND OR WIFE

**Maud Davis Thurman**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**No****No**16. SOCIAL SECURITY  
NO.**—**

## 17. INFORMANT'S SIGNATURE OR NAME

**Howard Thurman Rt. 3 Florissant Mo.**

## 18. CAUSE OF DEATH

Enter only one cause per  
line for (a), (b), and (c)

\*This does not mean  
the mode of dying, such  
as heart failure, asthenia,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.

I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH**6 months****3 mo****16 3 X**19a. DATE OF OPERA-  
TION

## 19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME  
OF  
INJURY

(Month) (Day) (Year) (Hour)

## 21e. INJURY OCCURRED

WHILE AT  
WORKNOT WHILE  
AT WORK

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 19**50**, to **Dec 12**, 19**50**, that I last saw the deceased  
alive on **Dec 12**, 19**50**, and that death occurred at **1:15 pm.**, from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

## 24b. DATE

## 24c. NAME OF CEMETERY OR CREMATORY

## 24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

## REGISTRAR'S SIGNATURE

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

**12/15/50****Herbert R. Dombke MD****Callier's Funeral Home****10123 St. Char. Rd.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10133 St. Charles Rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.